SUBMIT: COMPLETED APPLICATION, STATEMENT AND FEE TO: PO Box 58 Washburn, WI 54891 (715) 373-6138 Bayfield County Planning and Zoning Depart.

BAYFIELD COUNTY, WISCONSIN

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INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

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	(
Refund:	Amount Paid:	Date:	
	11-8C-5 H8\$	6.4.14	

X is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue →	Section 19, Township 45 N, Range 09 W	1/4,1/4 Gov't Lot (s)	PROJECT Legal Description: (Use Tax Statement)	Owner	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Care Christenson Const.	Contractor:	1730 Krenz Rd	Address of Property:	Fitz Simmons	Owner's Name: James A & Wondy S	TYPE OF PERMIT REQUESTED→ ☐ LAND USE ☐ SAN	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
er, Stream (incl. Intermittent) If yescontinue —	_ W Town of:	CSM Vol & Page 787 + 257	PIN: (23 digits) 04-004-2-4:		Agent Phone:	7/5-7/5-238	Contractor Phone:	Barnes 1	City/State/Zip:	M	Mailing Address:	VITARY □ PRIVY	APPLICANT.
Distance Structure is from Shoreline :	Barnes	ge Lot(s) No. Block(s) No.	PIN: (23 digits) 04-004-1-45-09-19-405-066-10-00 volume_	1	Agent Mailing Address (include City/State/Zip):	1	Plumber:	Barnes W1 54873				☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SP	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)
Ä	425 × 17	Subdivision:	Recorded Docume Volume 781		ty/State/Zip):					Mahtomell: 11/1/55115		☐ SPECIAL USE ☐ B.O.A.	I (visit our website www.
Is Property in Are Wetlands Floodplain Zone? Present?	/ Acreage /		Document: (i.e. Property Ownership) 98 Page(s) 257	Attached Ves No	Written Authorization	1	Plumber Phone:	763-505-2581	Cell Phone:		Telephone:).A. DOTHER	bayfieldcounty.org/zoning/asp)

☐ Non-Shoreland						
Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	X New Construction	X 1-Story	🗶 Seasonal	_ p1	☐ Municipal/City	□ City
^	Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Specify Type:	Xwell
1,80.8°	□ Conversion	☐ 2-Story		□ 3	K Sanitary (Exists) Specify Type: Commontains!	
	☐ Relocate (existing bldg)	□ Basement			□ Privy (Pit) or □ Vaulted (min 200 gallon)	
	☐ Run a Business on	X No Basement		X None	☐ Portable (w/service contract)	
	Property	☐ Foundation			☐ Compost Toilet	
					□ None	

Shoreland

Xis Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue

Distance Structure is from Shoreline :

Is Property in Floodplain Zone?

☐ Yes

No

Are Wetlands
Present?

Pes

No

 $\times | \times$

Other: (explain)

Owner(s): 2022 (If there are Multiple FAILURE TO OBTAIN A PERMIT <u>or</u> STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

The permit will result in the legisland occuracy of all information is (we) and has been examined by me (us) and to the bast of my (our) knowledge and belief it is true, correct and complete. I (we) archively the legisland occuracy of all information is (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which has be a result of Bayfield County (relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property can't reasonably time to the permit of the perm Who way must accompany this application) 27

Authorized Agent: (If you ing on behalf of the

Owners lists

the Deed All Owners must sign or letter(s) of authorizati

Address to send permit

npany this application)

Mah tomes 55//5

Attach
Copy of Tax Statement V
ased the property send your Recorded Deec

Please	128-	7		
Please complete (1) (7) above (prior to continuing)	The state of the s		3 -	Show Location of: Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
ete (1)—(7) above (prior to continuing) Sand Bar Lake	Herry !	Done	k way	Proposed Construction ndicate: North (N) on Plot Plan cation of (*): (*) Driveway and (*) Frontage Road (Name Frontage All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
171 wis	135 135		Krouz Rd	Proposed Construction North {N} on Plot Plan North {N} on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property All Existing Structures on Your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Changes in plans must be approved by the Planning & Zoning Dept.				Proposed Construction North {N} on Plot Plan North {N} on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
by the Planning & Zoning De	North			Privy (P)

Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback to Septic Tank or Holding Tank

Setback to Drain Field

Setback to Privy (Portable, Composting)

Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the bounder previously surveyed corner or marked by a licensed surveyor at the owner's expense. Setback from the **Centerline of Platted Road** Setback from the **Established Right-of-Way** Description 280, 230 Measurement Feet Feet Feet Feet Setback from **Wetland**Setback from **20% Slope Area**Elevation of **Floodplain** Setback from the Lake (ordinary high-v Setback from the River, Stream, Creek Setback from the Bank or Bluff Setback to Well Description water mark) 165 Measurement 1 1 3 8 Feet Feet Feet Feet Feet

ndary line from which the setback must be measured must be visible from sly surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W),

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sankary: Hold For TBA:	Signature of Inspector: Mollad With	Conditions Attach	Date of Inspection: (-3-14 Inspected by: M. 7, The	Inspection Record:	Was Parcel Legally Created Serves □ No Was Proposed Building Site Delineated Serves □ No	Granted by Variance (B.O.A.) [] Yes XNo Case #:	Is Parcel a Sub-Ständard Lot	Permit #: 14.0094 Permit Date: 6.4.1	Permit Denied (Date): Reason for Denial:	Issuance Information (County Use Only) Sanitary Number:
it: Hold For Fees:		they need to be attached.) n. Mo-water underfored	ithe		Were Property Lines Represented by Owner ダ Was Property Surveyed ダ	Previously Granted by Variance (B.O.A.) — Yes M No Cas	Mitigation Required ☐ Yes ★No Mitigation Attached ☐ Yes ★ No			# of bedrooms:
	Date of Approval;	sui n' stucture,	Date of Re-Inspection:	Zoning District (\mathcal{A}^{-1}) Lakes Classification (\mathcal{A}^{-1})	紹Yes □ No □ No	Case #-	Affidavit Required ☐ Yes 反 No Affidavit Attached ☐ Yes 丞 No			Sanitary Date: